

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 MAR -8 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001691

1. Corporation Name

HOLIDAY HARBOR HOMES

000003171860--4
-03/16/00--01003--027
*****420.00 *****420.00

W-5256

2. Principal Office Address

13912 Shipwreck Cir S

3. Mailing Office Address

13912 Shipwreck Cir S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville, Florida

Zip

32224

Country

USA

Zip

32224

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-15-1993

5. FEI Number

59-3182282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-2078

7. Name and Address of Current Registered Agent

Name

Judy Shedd

Street Address (P.O. Box Number is Not Acceptable)

13912 Shipwreck Circle South

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32224

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Judy Shedd
REGISTERED AGENT MUST SIGN

Date 02/17/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard Wright	2455 Captain Hook Drive	Jacksonville, FL 32224
D	William BEckerleg	13984 Shipwreck Cir S	Jacksonville FL 32224
T/D	Jerry Erkert	2639 Treasure Cove Lane	Jacksonville, FL 32224
S	Jerry Erkert	2639 Treasure Cove Lane	Jacksonville, FL 32224
D	Judy Shedd	13912 Shipwreck Circle S	Jacksonville FL 32224

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)